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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State
03-17-1999 90037 033 ****61.25

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DOCUMENT # N34858

1. Corporation Name

SYLVAN LAKES PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O JOHN E. MORSE 5855 39TH LANE VERO BEACH FL 32966 US	C/O JOHN E. MORSE 5855 39TH LANE VERO BEACH FL 32966 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/23/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0155123 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

EVANS, RALPH L
3355 OCEAN DR
VERO BCH FL 32963

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	DEACON, OREN K JR		1.2 NAME	Rothstein, Bruce	
STREET ADDRESS	P.O. BOX 6364 N/A		1.3 STREET ADDRESS	5850 40th Lane	
CITY-ST-ZIP	VERO BEACH FL 32961		1.4 CITY-ST-ZIP	Vero Beach, FL 32966	
TITLE	STD	☐ DELETE	2.1 TITLE	DV	☐ Change ☒ Addition
NAME	MORSE, JOHN E.		2.2 NAME	SUIHARD, CLIFF	
STREET ADDRESS	5855 39TH LANE		2.3 STREET ADDRESS	5855 40th Lane	
CITY-ST-ZIP	VERO BEACH FL 32966		2.4 CITY-ST-ZIP	Vero Beach, FL 32966	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	HAWK, MARION		3.2 NAME	NIED, STELLA	
STREET ADDRESS	5865 40TH LANE		3.3 STREET ADDRESS	3943 58th Circle	
CITY-ST-ZIP	VERO BCH FL 32966		3.4 CITY-ST-ZIP	Vero Beach, FL 32966	
TITLE	D	☐ DELETE	4.1 TITLE	PD	☐ Change ☒ Addition
NAME	MORGAN, WILLIAM		4.2 NAME	KEISER, Rex	
STREET ADDRESS	5825 39TH PLACE		4.3 STREET ADDRESS	5845 40th Lane	
CITY-ST-ZIP	VERO BEACH FL 32966		4.4 CITY-ST-ZIP	Vero Beach, FL 32966	
TITLE	VD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SPELLE, THOMAS		5.2 NAME		
STREET ADDRESS	3924 58TH CIR		5.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WEEMS, GARY		6.2 NAME		
STREET ADDRESS	4095 58TH CIR		6.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BCH FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED JOHN E. MORSE, SEC/TREAS. 3-12-99 (516 567-3318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #